

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Cornell Dublilier Site/South Plainfield, NJ/ NJR000240026

2. Type of action (check two):

<input checked="" type="radio"/> Removal	<input type="radio"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-Financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

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3. Type (check one) and form (check one) of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> wastewater
<input type="checkbox"/> dioxins/furans	<input type="checkbox"/> liquid waste
<input type="checkbox"/> cyanides	<input type="checkbox"/> organic sludge (greater than 1% total solids)
<input type="checkbox"/> heavy metals (specify metals) _____	<input type="checkbox"/> inorganic sludge (less than 1% total organic carbon)
<input type="checkbox"/> acids	<input checked="" type="checkbox"/> solid or solidified waste
<input type="checkbox"/> PCBs	<input type="checkbox"/> contaminated soil and debris
<input type="checkbox"/> halogenated organics	
<input type="checkbox"/> other RCRA-listed hazardous wastes (specify) _____	
<input type="checkbox"/> non-hazardous or de-listed wastes	

4. Quantity of waste: 1

_____ cubic yard (cy)

_____ gallons (gal)

X _____ drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants

of concern: _____

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6. Pre-treatment of waste before transportation: None

- ☐ Precipitation
- ☐ Neutralization
- ☐ Solidification
- ☐ Fixation
- ☐ Stabilization
- ☐ Other

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7. Receiving RCRA facility name/location/I.D. number/unit(s):

WM-PA Grows North/Morrisville, PA/1 drum

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Gary Morton Date 08/13/14

10. Date(s) of Shipments 09/24/2014 Date disposal is completed (date that facility signs manifest for receipt of final shipment) _____

11. Pre-treatment of waste at site before final treatment or disposal: None

- ☐ Precipitation
- ☐ Neutralization
- ☐ Solidification
- ☐ Fixation
- ☐ Stabilization

12. Final method of treatment or disposal/unit receiving: _____

- ☐ Precipitation
- ☐ Neutralization
- ☐ Incineration
- ☒ Landfill

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- ☐ Land treatment
- ☐ Injection
- ☐ Recovery/re-use
- ☐ Other

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13. If waste was landfilled:

- What disposal cell number or location? Grid N2 10-13-14
- Type of liner in cell? (e.g. PVC, clay, hypalon) 2 synthetic 60 mil liners HDPE

14. Cost of activities:

- cost based on treatment/disposal only (no transportation cost) \$97.00
- cost for transportation 670.00 (for total drum pick up)

Date that compliance/inspection status was obtained from the RROC.

08/13/14

Delivery Schedule:

Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Rebecca Greaney

From: Amy Riggott
Sent: Monday, December 22, 2014 12:18 PM
To: Rebecca Greaney
Subject: FW: AX2-88 WM-PA GROWS North --CERCLA approval needed

From: Morton, Gary [mailto:Morton.Gary@epa.gov]
Sent: Wednesday, August 13, 2014 10:48 AM
To: Amy Riggott
Cc: Norrell, Neil; Walter Johnson; Region2 OSR
Subject: RE: AX2-88 WM-PA GROWS North --CERCLA approval needed

WM-PA Tullytown, located at 200 Bordentown Road, Tullytown, PA 19067 and WM-PA Grows North, 1000 New Ford Mills Road, Morrisville, PA is acceptable to receive waste. Please contact the facility to make all necessary arrangements.

From: Amy Riggott [mailto:a.riggott@erllc.com]
Sent: Wednesday, August 13, 2014 8:16 AM
To: Morton, Gary
Cc: Norrell, Neil; Walter Johnson; Region2 OSR
Subject: AX2-88 WM-PA GROWS North --CERCLA approval needed

Mr. Morton,

Please let me know if the following facility is CERCLA approved to accept waste:

WM-PA Grows North
1000 New Ford Mills Road
Morrisville, PA 19067
Phone 215-736-9400

Permit # 100148

Thank you,
Amy

Amy Riggott
Environmental Restoration, LLC
110 Granby Street
Bloomfield, CT 06002
cell 860-778-4835
office 860-769-7356
fax 636-680-2593

Confidentiality Warning: This e-mail and any attachments contain information intended only for the use of the individual or entity named above. If the reader of this e-mail is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, any dissemination, publication or copying of this e-mail is strictly prohibited. The sender does not accept any responsibility for any loss, disruption or damage to your data or computer system that may occur while using data contained in, or transmitted with, this e-mail. If you have received this e-mail in error, please immediately notify by return e-mail. Thank you

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NJR000240026		2. Page 1 of 1		3. Emergency Response Phone (908) 354-0210		4. Manifest Tracking Number 010408120 JJK			
		5. Generator's Name and Mailing Address US EPA Region 2/Cornell Dubilier Corp. 2890 Woodbridge Avenue Edison, NJ 08837		Generator's Site Address (if different than mailing address) 333 HAMILTON BLVD SOUTH PLAINFIELD NJ 07080							
6. Transporter 1 Company Name CLEAN VENTURE INC.		U.S. EPA ID Number NJ0000027193									
7. Transporter 2 Company Name		U.S. EPA ID Number									
8. Designated Facility Name and Site Address Cycle Chem Inc. 217 South First Street Elizabeth, NJ 07206		U.S. EPA ID Number NJD002200046									
Facility's Phone: (908) 355-5800											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X	UN3432 POLYCHLORINATED BIPHENYLS, SOLID 9 PG III ERGH 171				1 DM		35	K		
	X	UN2315 POLYCHLORINATED BIPHENYLS, LIQUID 9 PG II ERGH 171				1 DM		150	K		
		Non-DOT Non-RCRA				1 DF		55	G	ID72	
14. Special Handling Instructions and Additional Information 971108/964257/167109/313705 (1)PCBM1-1 USED HEPA FILTERS, DUST AND RAGS-TSCA REG.(jackson 2) (2)PCBM44-4 WASH WATER PCB TSCA REG.(jackson 1), (3)PC04-2 wash water(NON TSCA WASTE) (delmour 1) 1-OUT OF SERVICE DATE: 9-23-14 2-OUT OF SERVICE DATE: 9-23-14											
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(e) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Officer's Printed/Typed Name MARK GALLO											
Signature <i>Mark Gallo</i>											
Month Day Year 9 24 14											
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	Transporter signature (for exports only): _____										
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name George Desruisseaux										
Signature <i>George Desruisseaux</i>											
Month Day Year 9 24 14											
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Spec <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number: _____										
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____										
	Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. _____ 2. _____ 3. _____ 4. _____											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 19a											
Printed/Typed Name Licia Gibson											
Signature <i>Licia Gibson</i>											
Month Day Year 9 24 14											



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No. <i>PA 175620A</i>		Manifest Doc No.		2. Page 1 of	
3. Generator's Mailing Address: CYCLE CHEM INC 217 SOUTH 1 ST STREET ELIZABETH, NJ 07206		Generator's Site Address (if different than mailing):		A. Manifest Number WMNA		2618837	
4. Generator's Phone: 908 355 5800 x2878		5. Transporter 1 Company Name <i>WMNA</i>		6. US EPA ID Number		B. State Generator's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone	
9. Designated Facility Name and Site Address TULLYTOWN RESOURCE RECOVERY FACILITY 200 BORDENTOWN ROAD TULLYTOWN, PA 19007 PERMIT# 101494		10. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
GROWS NORTH LANDFILL 1000 NEW FORD MILL ROAD MORRISVILLE, PA 19067 PERMIT# 101680				G. State Facility ID		H. State Facility Phone	
11. Description of Waste Materials		12. Containers		13. Total Quantity		14. Unit Wt./Vol.	
a. Decharacterized Waste		1		1			
WM Profile # 544327D							
b.							
WM Profile #							
c.							
WM Profile #							
d.							
WM Profile #							
J. Additional Descriptions for Materials Listed Above		K. Disposal Location		Cell		Level	
				Grid			
15. Special Handling Instructions and Additional Information							
Purchase Order # <i>75620</i>		EMERGENCY CONTACT / PHONE NO.		CONTACT PEDRO (908) 355-5800 X2878			
16. GENERATOR'S CERTIFICATE I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>Pedro</i>		Signature "On behalf of"		Month <i>10</i>		Day <i>12</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month <i>10</i>		Day <i>12</i>	
Printed Name <i>Pedro</i>		Signature		Month <i>10</i>		Day <i>12</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month <i>10</i>		Day <i>12</i>	
Printed Name		Signature		Month <i>10</i>		Day <i>12</i>	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Signature		Month <i>10</i>		Day <i>12</i>	
Printed Name <i>Pedro</i>		Signature		Month <i>10</i>		Day <i>12</i>	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY



TELE-TOWN LANDFILL
GREEN, 1000 New Ford Mill Road
Morrisville, PA, 19067

Original
Ticket# 1494517

Ph: 215-736-1700

THE PERSON MOST RESPONSIBLE FOR YOUR SAFETY IS YOU!

Customer: CycleChemNJ Cycle Chem Inc NJ
217 S 1ST ST
ELLIZABETH, NJ, 07206

Carrier: MORALES TRUCKING Morales Trucking
Morales Trucking

Tkt Date 10/13/2014
Pay Type Credit Account Chk#
Billing# 0001587
Acc Tons 19.74
Plan Tkt#
PON#

Vehicle# 1
Trailer#
License#
Driver
Haul Tkt#
Dest .2

Volume

Generator 132-Cycle Chem Cycle Chem
EPA ID #
Manifest 2618837
Trailer#

Profile# 544327D (T-608 Decharacterized Waste)
Waste K 001
Origin W/County NJ/NEW JERSEY (State o,NJ
NEW JERSEY

Date/Time Seal Operator
In 10/13/2014 08:21 TRRF LAB INFO LR 2107790
Out 10/13/2014 10:05 TRRF OUTGO LR 2107790

Application Type Inbound

Land	Gross	Net
	27100 lb	39400 lb
	Tare	19.74
	Net	
	Tons	

Comments

WASTE MANAGEMENT

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
Declassified SPW-T 100		19.74	Tons				NJ
EVF L-Standard Env 100			Load				NJ
RCR P-Regulatory C 100			%				NJ

Grue N2 10-13-14

Total Tax
Total Ticket

Waste Management

Drivers

